

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|--|--|---|--|---|---|-------------------------|-----------------------|---|--|--|--|
| MEMBER INVOLVED DNA SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply) DNA WEAPON DISCHARGE INCIDENT DNA | 1. DATE OF INCIDENT 27-NOV-2016 | | TIME 23:27:00 | 2. ADDRESS OF OCCURRENCE 23 N KENTON AVE CHICAGO, IL 60644 | | | 3. LOCATION CODE 304 | 4. BEAT/OCCUR 1113 | 5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO | | | |
| | 6. POSITION 9161 | 7. LAST NAME KARCZ | 8. FIRST NAME URSULA M | 9. STAR NO. 7944 | 10. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | 11. RACE CODE WHI | 12. AGE [REDACTED] | 13. HT. 504 | 14. WT. 105 | | | |
| | 15. DATE OF APPT. 14-DEC-1998 | 16. EMPLOYEE ND. [REDACTED] | 17. UNIT & BEAT OF ASSIGNMENT 016 4563B | 18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | |
| | 21. LAST NAME GRIMES | 22. FIRST NAME RICHARD | 23. M.I. EARL | 24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 25. RACE BLK | 26. D.O.B. 18-DEC-1982 | 27. HT. 504 | 28. WT. 158 | | | | |
| | 29. ADDRESS 60644 | 30. TELEPHONE NO. | 31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | |
| | 34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None | 35. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL | 36. BY WHOM? | 37. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | 38. CHARGES PLACED | <input type="checkbox"/> DNA | 39. CB NO. | IR ND. | <input type="checkbox"/> DNA | | | |
| | 40. SUBJECT'S ACTIONS QIO NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAO WEIGHT) <input type="checkbox"/> OTHER _____ | 41. PASSIVE RESISTER FLEO <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____ | 42. ACTIVE RESISTER IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER FIREARM _____ PERCEIVED AS _____ | 43. ASSAULT:ASSAULT ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER FIREARM _____ | 44. ASSAULT:BATTERY FIREARM <input type="checkbox"/> | 45. ASSAULT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER FIREARM _____ PERCEIVED AS _____ | | | | | | |
| | 46. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLOS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAQ WITH AUTHORIZATION <input type="checkbox"/> OTHER _____ | 47. ACTIVE RESISTER OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANOCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____ | 48. ASSAULT:ASSAULT ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____ | 49. ASSAULT:BATTERY KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____ | 50. ASSAULT:DEADLY FORCE FIREARM <input type="checkbox"/> | | | | | | | |
| | 41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | RANK | STAR NO. | UNIT NO. | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR CETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | |
| | 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member | | | | | | | | | |
| 46. WEAPON TYPE 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/> | 47. INCIDENT OCCURRED Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/> | 48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | 49. WEATHER CONDITIONS RAIN | | | | | | | | | |
| 54. TASER DART ID NO. | 55. WEAPON SERIAL NO. (Include Letters) | 56. CHICAGO CUN REG. NO. | 57. IL FIREARM OWNER ID. NO. | 58. HANDGUN CERTIFICATE NO. | | | | | | | | |
| 59. SPECIAL WEAPON CERTIFICATE NO. | 60. PROPERTY INVENTORY NO. | 61. TYPE OF AMMUNITION USED | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. | 63. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | |
| 64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | 65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | 67. HOW WAS MEMBER'S HANDGUN WDRN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | 68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | 70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 ND | | | | | | |
| 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, OODWAYS, CAR, FURNITURE, ETC) | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | |
| 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION | 74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | |

1633214329

HZ531419

76-1414

76-1414

CASE INFORMATION

77. NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE
 NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): OEMC CPIC
 NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): OEMC
 Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

1633214329
75. EPEINT NO.

78. ADDITIONAL INFORMATION

R/SERGEANT UTZ COMPLETED TRR FOR OFFICER KARCZ. OFFICER KARCA AND HER PARTNER, OFFICER SURMA, WERE BOTH TRANSPORTED TO LOYOLA HOSPITAL BY CFD. AT THE TIME OF COMPLETION OF TRR, R/SGT. WAS UNABLE TO OBTAIN ALL RESPONSES OF BOTH MEMBER AND OFFENDER.

SIGNATURES

79. REPORTING MEMBER (Print Name)
UTZ, JON C
 28-NOV-2016 06:54:20

STAR/EMPLOYEE NO.
1934

SIGNATURE


Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80. REVIEWING SUPERVISOR (Print Name)
MALONEY, JAMES P

STAR NO.
703

SIGNATURE


DATE REVIEWED TIME
28-NOV-2016 07:05:34

HZ331419
76. R/G NO.

LOG # 1083171 U#
16-24

Attachment # 24

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FDRCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

61. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE
 DNA

 REFUSED

 INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is deceased.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the information available at this time, the preliminary investigation indicates that the officer's actions were in compliance with Department directives. Further investigation is required under U#16-24.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1083171 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

BAY, ROGER J

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED

TIME

28-NOV-2016 08:01:45

LOG # 1083171 U#16-24

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED